Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12-11-13	Address:	26 NORTH RILEY
Incident #:	13ISPC012053		INDIANAPOLIS, IN
County:	MARION		46223
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
☐ Operationa ☐ Chemical/ ☐ Dumpsite	Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flanimable Solvents:			
Water Reactive Mctal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Vehicle Information:			
Owner: VIN: Year:		Make: Model:	
Yes No	age 18 discovered (check appropriate) _ (number present) of present but evidence they reside	⊠ unclean Estimated leng occurring:	ons of home: Clean disarray gth of time manufacturing had been ormation:
This report has been faxed* or emailed to the following agencies that serve the location:			
Fire Department City, Township or County INDIANAPOLIS FIRE Fax: 317-327-6044 Health Department County: MARION COUNTY Fax: 317-221-2000 Department of Child Services Hotline: deshotlinereports@des.in.gov Fax: 317-234-7595 or 317-234-7596			

For further information regarding this methamphetamine laboratory, contact Investigating Officer: TRP, MIKE MCCREARY Phone 317-899-8577

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.